

# South Carolina Department of Disabilities & Special Needs

## Qualified Provider & Contract Compliance Review for Direct Service Providers

### FY19/20 CCR Indicators Crosswalk to FY20/21

FY 19-20	FY 20-21	Qualified Provider Review Indicators	Potential Recoupment
A1-10	QP-1		
A1-01	QP-2	<b>Key Indicator:</b> For those for whom <b>outlier/enhanced funding status (High Management, Outlier, Specialized Setting)</b> has been approved due to the need for enhanced staff support, the Board / Provider provides the additional support as outlined in the approved request.	
A1-02	QP-3	<b>Deleted</b>	
A1-03	QP-3	<b>Key Indicator:</b> The Provider has a Human Rights Committee that is composed of a minimum of 5 members and includes representation from a family member of a person receiving services, a person representing those receiving services or a self-advocate nominated by the local self-advocacy group, and a representative of the community with expertise or a demonstrated interest in the care and treatment of persons (employees or former employees must not be appointed). The Provider has a Human Rights Committee member list (which identifies the above), along with an attendance log for each Human Rights Committee meeting.	
A1-04	QP-4	<b>Key Indicator:</b> The Human Rights Committee will provide <del>a bi-monthly</del> a review of Provider practices to assure that consumer's due process rights are protected <b>at least every other month</b> . <b>Guidance:</b> Minutes shall be taken of each meeting and shall reflect the date and time of the meeting, those Committee members present and absent, and a record of decisions and recommendations in a manner that readily identifies the issues reviewed, the decisions reached, and the follow-up that is necessary. In addition to reviewing Behavior Support Plans and Psychotropic Medications, the provider must document the HRC's review of any use of <b>emergency</b> restraints. Source: <b>South Carolina Code Ann. 44-26-160 and DDSN Directive 535-02-DD</b>	
New	QP-5	<b>Key Indicator:</b> The minutes from the Human Rights Committee will reflect the review of restraints/restrictive interventions at each meeting and document the consideration of adjustments needed in corresponding Behavior Support Plans. <b>Guidance:</b> Source: <b>South Carolina Code Ann. 44-26-160 and DDSN Directive 600-05-DD.</b>	
New	QP-6	<b>Key Indicator:</b> The provider has a system in place to track the approval of BSPs that include planned restraint techniques, training for staff in the use of these techniques, and the review of data involving the actual use of the approved restraints. The tracking system includes dates of approval by the provider's HRC and submission of data to DDSN. Documentation of the restraints must also be entered into Therap. <b>Guidance:</b> Source: <b>DDSN Directive 600-05-DD.</b>	
A1-05	QP-7	<b>Deleted</b>	
A1-06	QP-7	<b>Key Indicator:</b> On an annual basis, the Provider Risk Management Committee follows SCDDSN procedures regarding developing contingency plan/disaster plan to continue services in the event of an emergency or the inability of a service provider to deliver services. <b>Guidance:</b> Source: <b>DDSN Directives 100-25-DD, 100-26-DD and 100-28-DD.</b>	
A1-06	QP-8	<b>Key Indicator:</b> Within the quarterly Risk Management Committee Meeting, the Provider follows SCDDSN procedures regarding Incident Management Reporting and the implementation of needed supports to consumers. The minutes of the meeting describe follow-up on all quality assurance/risk management activities identified in the individual reports. <b>Guidance:</b> Source: <b>DDSN Directives 100-26-DD and 100-28-DD.</b>	
A1-06	QP-9	<b>Key Indicator:</b> Within the quarterly Risk Management Committee Meeting, the Provider reviews trends found in the agency's Therap General Event Reports. The minutes of the meeting describe follow-up on quality assurance/risk management trends identified within the individual reports. <b>Guidance:</b> The RM Committee is not expected to review all GERs but should have discussion about the relative trends that exist within the agency for each type of event. Source: <b>DDSN Directives 100-09-DD, 100-26-DD and 100-28-DD.</b>	
A1-07	QP-10	<b>Key Indicator:</b> Within the quarterly Risk Management Committee Meeting, the Provider follows SCDDSN procedures regarding Medication Error/ Event Reporting, as outlined in 100-29-DD, and monitors the monthly medication error rate for each licensed setting, with reports to the Risk Management Committee. The minutes describe actions taken when unusual reporting trends have been identified through Medication Error Reports/Rates in each service location. <b>Guidance:</b> Source: <b>DDSN Directives 100-26-DD, 100-28-DD, and 100-29-DD.</b>	
A1-06	QP-11	<b>Key Indicator:</b> Within the quarterly Risk Management Committee Meeting, the Provider follows SCDDSN procedures regarding the review of any restraints or restrictive procedures implemented. The minutes describe the review of documentation of less restrictive methods of behavior support that failed prior to the use of any restraints. <b>Guidance:</b> Review of any restraints or restrictive procedures used to ensure compliance with applicable directives. Source: <b>DDSN Directives 600-05-DD, 100-26-DD, and 100-28-DD.</b>	
A1-06	QP-12	<b>Key Indicator:</b> Within the quarterly Risk Management Committee Meeting, the Provider reviews actions taken as a result of referrals for GERD/ Dysphagia Consultation for choking events to ensure there has been follow-up on recommendations. <b>Guidance:</b> Review of GERD/ Dysphagia Consultation reports to ensure there has been follow-up on recommendations related to individuals with reported choking events.	
A1-06	QP-13	<b>Deleted</b>	
A1- 14	QP-13	<b>Deleted</b>	
A1- 15	QP-13	<b>Key Indicator:</b> The Provider follows procedures regarding Medication Technician Certification program, as outlined in 603-13-DD, <b>and has a system in place to verify:</b> <ul style="list-style-type: none"> <li>• Certification of all staff with responsibility for medications</li> <li>• Quarterly oversight</li> <li>• Annual Refresher Training</li> </ul>	

**SCDDSN Crosswalk for Direct Service Providers**

A1-08	QP-14	<b>Key Indicator:</b> The Provider utilizes an approved curriculum or system for teaching and certifying staff to prevent and respond to disruptive behavior and crisis situations.	
A1-09	QP-15 W	<b>Key Indicator:</b> Upper level management staff of the Provider conduct quarterly unannounced visits <b>on all shifts</b> to all residential settings to assure sufficient staffing and supervision are provided. SLP II should include visits to all apartments. <b>Guidance:</b> The provider must conduct 90% of the quarterly reviews within the identified timeframe (excluding CTH Is- CTH Is will require a 100% Review).	
A1-11	QP-16	Deleted	
A1-12	QP-16	<b>Key Indicator:</b> The Provider conducts all residential admissions / discharges in accordance with 502-01-DD.	
A1-13		Deleted	
A1-16		Deleted	
A1-17		Deleted	
A1-18		Deleted	
A1-19		Deleted	
A1-20		Deleted	
A3-58		Deleted	
A3-59		Deleted	
A3-60		Deleted	
A2-01		Deleted	
A2-02		Deleted	
A2-03		Deleted	
New	QP-17	<b>Key Indicator:</b> Provider Board of Directors receive annual training regarding DDSN Contract expectations and the provider's capacity to meet expectations. <b>Guidance:</b> Training is provided to members of the BOD within 90 days of appointment to the Board and their participation is documented. 1) Determine that additional training is provided by a qualified outside entity. A minimum of 6 hours of training is required every 3 years. 2) Determine that participation at the training is properly documented. Source: Administrative Agency Standards (Attachment 2)	
New	QP-18 R	<b>Key Indicators:</b> Vendors conducting business with the provider agency have been appropriately screened against the OIG Exclusions list. <b>Guidance:</b> Vendors conducting business with the agency must not appear on the OIG Exclusion List. Provider will maintain documentation of review of OIG Exclusion list. Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model	R
New	QP-19 R	<b>Key Indicator:</b> Contracted Direct Service Providers meet the criminal background check requirements for the position, prior to direct contact with service recipients. <b>Guidance:</b> Source: DDSN Directive 406-04-DD. Applies to new contractors within past year	R
New	QP-20 R	<b>Key Indicator:</b> Contracted Direct Service Providers continue to meet the criminal background check requirements for the position, upon required recheck. <b>Guidance:</b> Source: DDSN Directive 406-04-DD. Re-check required every three years.	R
New	QP-21 R	<b>Key Indicator:</b> Contracted Direct Service Providers meet the CMS "List of Excluded Individuals/ Entities" review requirements for the position. <b>Guidance:</b> Source: DDSN Directive 406-04-DD. Applies to new contractors within past year.	R
New	QP-22 R	<b>Key Indicator:</b> Contracted Direct Service Providers meet the DSS Central Registry check requirements for the position. <b>Guidance:</b> Source: DDSN Directive 406-04-DD. Applies to new contractors within past year.	R
New	QP-23 R	<b>Key Indicator:</b> Contracted Direct Service Providers meet the TB Testing requirements for the position, prior to direct service contact. <b>Guidance:</b> Source: DDSN Directive 603-06-DD. Applies to new contractors within past year.	R
New	QP-24 R	<b>Key Indicator:</b> Contracted Direct Service Providers meet the annual TB Testing requirements. <b>Guidance:</b> Annual TB testing must be completed by the last day of the month in which the test was due. If the provider is using the Provider Wide Exception/Risk Assessment identified in the Directive 603-06-DD, documentation of the review, assessment of risk classification, and review schedule must be available. Source: DDSN Directive 603-06-DD.	R
New	QP-25	<b>Key Indicator:</b> Annually, the Contracted Direct Service Providers are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws. <b>Guidance:</b> Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model	
A3-27R	QP-26 R	<b>Key Indicator:</b> The Provider employs Residential Staff who meet the minimum education requirements for the position.	R
A3-28R	QP-27 R	<b>Key Indicator:</b> The Provider employs Residential Staff who meet the criminal background check requirements for the position, <b>prior to employment.</b>	R
A3-28R	QP-28 R	<b>Key Indicator:</b> The Provider employs Residential Staff who <b>continue to</b> meet the criminal background check requirements for the position, <b>upon required recheck.</b>	R
A3-29R	QP-29 R	<b>Key Indicator:</b> The Provider employs Residential Staff who meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	R
A3-30R	QP-30 R	<b>Key Indicator:</b> The /Provider employs Residential Staff who meet the DSS Central Registry check requirements for the position.	R
A3-31 R	QP-31 R	<b>Key Indicator:</b> The Provider employs Residential Staff who meet the TB Testing requirements for the position, <b>prior to direct service contact.</b> <b>Guidance:</b> Applies to new employees working less than 12 months.	R
A3-31 R	QP-32 R	<b>Key Indicator:</b> The Provider employs Residential Staff who meet the TB Testing requirements, as required in 603-06-DD. <b>Guidance:</b> Annual TB screening must be completed by the last day of the month in which the test was due. If the provider is using the Provider Wide Exception/Risk Assessment identified in the Directive 603-06-DD, documentation of the review, assessment of risk classification, and review schedule must be available.	R
A3-32	QP-33	<b>Key Indicator:</b> The Provider employs Residential Staff with acceptable reference check requirements for the position. <b>Guidance:</b> Source: DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.	

**SCDDSN Crosswalk for Direct Service Providers**

A3-51	<b>QP-34 R</b>	<b>Key Indicator:</b> Residential staff must <b>pass mandatory, competency-based ANE training, as required, during pre-service orientation.</b> <b>Guidance:</b> Source: DDSN Directive 534-02-DD. <b>Applies to new employees working less than 12 months.</b>	R
A3-51	<b>QP-35 R</b>	<b>Key Indicator:</b> The Provider employs Residential Staff who, when employed after 1 year, must pass mandatory, competency-based ANE training within 12 month of their prior training date(s). <b>Guidance:</b> Source: DDSN Directive 534-02-DD. <b>Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.</b>	R
A3-52	<b>QP-36 R</b>	<b>Key Indicator:</b> The Provider employs Residential Staff who <b>must complete new employee competency- based training requirements, as required in 567-01-DD.</b> <b>Guidance:</b> Source: DDSN Directive 567-01-DD. <b>Applies to new employees working less than 12 months.</b>	R
A3-52	<b>QP-37 R</b>	<b>Key Indicator:</b> The Provider employs Residential Staff who, when employed for more than 12 months, must be current in CPR, First Aid, Crisis Management Curriculum, Consumer Funds Management, and Medication Technician Training. <b>Guidance:</b> Source: DDSN Directive 567-01-DD. <b>Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.</b>	R
A3-52	<b>QP-38 R</b>	<b>Key Indicator:</b> The Provider employs Residential Staff who, when employed for more than 12 months, must receive an additional 10 hours of continuing education annually. <b>Guidance:</b> Source: DDSN Directive 567-01-DD. <b>Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.</b>	R
A3-57	<b>QP-39</b>	<b>Key Indicator:</b> Annually, the Provider employs Residential Staff who are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws. <b>Guidance:</b> <b>Training must be completed by the last day of the month in which it was due.</b> Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model	R
A3-33R	<b>QP-40 R</b>	<b>Key Indicator:</b> The Provider employs Day Services and Employment Staff who meet the minimum education requirements for the position. <b>Guidance:</b> Refer to SCDDSN Day Services Standards for educational and vocational requirements. <b>Applies to new employees working less than 12 months</b>	R
A3-34R	<b>QP-41 R</b>	<b>Key Indicator:</b> The Provider employs Day Services and Employment Staff who meet the criminal background check requirements for the position, <b>prior to employment.</b> <b>Guidance:</b> Source: DDSN Directive 406-04-DD. <b>Applies to new employees working less than 12 months.</b>	R
A3-34R	<b>QP-42 R</b>	<b>Key Indicator:</b> The Provider employs Day Services and Employment Staff who <b>continue</b> to meet the criminal background check requirements, <b>upon required recheck.</b> <b>Guidance:</b> Source: DDSN Directive 406-04-DD. <b>Re-check required every three years.</b>	R
A3-35R	<b>QP-43 R</b>	<b>Key Indicator:</b> The Provider employs Day Services and Employment Staff who meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position. <b>Guidance:</b> Source: DDSN Directive 406-04-DD. <b>Applies to new employees working less than 12 months.</b>	R
A3-36R	<b>QP-44 R</b>	<b>Key Indicator:</b> The Provider employs Day Services and Employment Staff who meet the DSS Central Registry check requirements for the position. <b>Guidance:</b> Source: DDSN Directive 406-04-DD. <b>Applies to new employees working less than 12 months.</b>	R
A3-37R	<b>QP-45 R</b>	<b>Key Indicator:</b> The Provider employs Day Services and Employment Staff who meet the TB Testing requirements for the position, <b>prior to direct service contact.</b> <b>Guidance:</b> Source: DDSN Directive 603-06-DD. <b>Applies to new employees working less than 12 months.</b>	R
A3-37R	<b>QP-46 R</b>	<b>Key Indicator:</b> The Provider employs Day Services and Employment Staff who meet the TB Testing requirements, as outlined in 603-06-DD. <b>Guidance:</b> <b>Annual TB screening must be completed by the last day of the month in which the test was due. If the provider is using the Provider Wide Exception/Risk Assessment identified in the Directive 603-06-DD, documentation of the review, assessment of risk classification, and review schedule must be available.</b> Source: DDSN Directive 603-06-DD.	R
A3-38	<b>QP-47</b>	<b>Key Indicator:</b> The Provider employs Day Services and Employment Staff with acceptable reference check requirements for the position. <b>Guidance:</b> Source: DDSN Directive 406-04-DD. <b>Applies to new employees working less than 12 months.</b>	
A3-53	<b>QP-48 R</b>	<b>Key Indicator:</b> Day Services/Employment Staff must <b>pass mandatory, competency-based ANE training, as required, during pre-service orientation.</b> <b>Guidance:</b> Source: DDSN Directive 534-02-DD. <b>Applies to new employees working less than 12 months.</b>	R
A3-53	<b>QP-49 R</b>	<b>Key Indicator:</b> The Provider employs Day Services and Employment Staff who, <b>receive ANE training, as required.</b> when employed after 1 year, must pass mandatory, competency-based ANE training within 12 month of their prior training date(s). <b>Guidance:</b> Source: DDSN Directive 534-02-DD. <b>Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.</b>	R
A3-54	<b>QP-50 R</b>	<b>Key Indicator:</b> The Provider employs Day Services and Employment Staff who <b>receive training as required.</b> must complete new employee competency- based training requirements, as required in 567-01-DD. <b>Guidance:</b> Source: DDSN Directive 567-01-DD. <b>Applies to new employees working less than 12 months.</b>	R
A3-54	<b>QP-51 R</b>	<b>Key Indicator:</b> The Provider employs Day Services and Employment Staff who, when employed for more than 12 months, must be current in CPR, First Aid, and the Crisis Management Curriculum. <b>Guidance:</b> Source: DDSN Directive 567-01-DD. <b>Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.</b>	R
A3-54	<b>QP-52 R</b>	<b>Key Indicator:</b> The Provider employs Day Services and Employment Staff who, when employed for more than 12 months, must receive an additional 10 hours of continuing education annually. <b>Guidance:</b> Source: DDSN Directive 567-01-DD. <b>Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.</b>	R
A3-57	<b>QP-53</b>	<b>Key Indicator:</b> Annually, the Provider employs Day Services and Employment Staff who are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws. <b>Guidance:</b> <b>Training must be completed by the last day of the month in which it was due.</b> Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model	
A3-39R	<b>QP-54 R</b>	<b>Key Indicator:</b> The Provider employs/contracts Respite/ In-Home Support staff who meet the minimum education requirements for the position. <b>Guidance:</b> Refer to SCDDSN Respite Standards for educational and vocational requirements. <b>Applies to new employees working less than 12 months.</b>	R

**SCDDSN Crosswalk for Direct Service Providers**

A3-40R	<b>QP-55 R</b>	<b>Key Indicator:</b> The Provider employs/contracts Respite/ In-Home Support Staff who meet the criminal background check requirements for the position, <b>prior to employment.</b>	<b>R</b>
A3-40R	<b>QP-56 R</b>	<b>Key Indicator:</b> The Provider employs/contracts Respite/ In-Home Support Staff who <b>continue to</b> meet the criminal background check requirements, <b>upon required re-check.</b>	<b>R</b>
A3-41R	<b>QP-57 R</b>	<b>Key Indicator:</b> The Provider employs/contracts Respite/ In-Home Support Staff who meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	<b>R</b>
A3-42R	<b>QP-58 R</b>	<b>Key Indicator:</b> The Provider employs/contracts Respite/ In-Home Support Staff who meet the DSS Central Registry check requirements for the position.	<b>R</b>
A3-43R	<b>QP-59 R</b>	<b>Key Indicator:</b> The Provider employs/contracts Respite/ In-Home Support Staff who meet the TB Testing requirements for the position, <b>prior to direct service contact.</b> <b>Guidance:</b> Source: DDSN Directive 603-06-DD. <b>Applies to new employees working less than 12 months.</b>	<b>R</b>
A3-43R	<b>QP-60 R</b>	<b>Key Indicator:</b> The Provider employs/contracts Respite/ In-Home Support Staff who meet TB Testing requirements, as outlined in 603-06-DD. <b>Guidance:</b> <b>Annual TB screening must be completed by the last day of the month in which the test was due. If the provider is using the Provider Wide Exception/Risk Assessment identified in the Directive 603-06-DD, documentation of the review, assessment of risk classification, and review schedule must be available.</b> Source: DDSN Directive 603-06-DD.	<b>R</b>
A3-44	<b>QP-61</b>	<b>Key Indicator:</b> The Provider employs / contracts Respite/ In-Home Support Staff with acceptable reference check requirements for the position. <b>Guidance:</b> Source: DDSN Directive 406-04-DD. <b>Applies to new employees working less than 12 months.</b>	
A3-55	<b>QP-62 R</b>	<b>Key Indicator:</b> Respite/In-home Support Staff must <b>pass mandatory, competency-based ANE training</b> , as required, <b>during pre-service orientation.</b> <b>Guidance:</b> Source: DDSN Directive 534-02-DD. <b>Applies to new employees working less than 12 months.</b>	<b>R</b>
A3-55	<b>QP-63 R</b>	<b>Key Indicator:</b> The Provider employs Respite/ In-Home Support Staff <b>who, when employed after 1 year, must pass mandatory, competency-based ANE training within 12 month of their prior training date(s).</b> <b>Guidance:</b> Source: DDSN Directive 534-02-DD. <b>Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.</b>	<b>R</b>
A3-56	<b>QP-64 R</b>	<b>Key Indicator:</b> The Provider employs Respite/ In-Home Support Staff who receive <b>must complete new employee competency- based training requirements, as required in 567-01-DD.</b> <b>Guidance:</b> Source: DDSN Directive 567-01-DD. <b>Applies to new employees working less than 12 months.</b>	<b>R</b>
A3-56	<b>QP-65 R</b>	<b>Key Indicator:</b> The Provider employs Respite/ In-Home Support Staff <b>who, when employed for more than 12 months, must be current in CPR, First Aid, and the Crisis Management Curriculum.</b> <b>Guidance:</b> Source: DDSN Directive 567-01-DD. <b>Applies to employees working more than 12 months.</b>	<b>R</b>
A3-56	<b>QP-66 R</b>	<b>Key Indicator:</b> The Provider employs Respite/ In-Home Support Staff <b>who, when employed for more than 12 months, must receive an additional 10 hours of continuing education annually.</b> <b>Guidance:</b> Source: DDSN Directive 567-01-DD. <b>Applies to employees working more than 12 months. Training must be completed by the last day of the month in which it was due.</b>	<b>R</b>
A3-57	<b>QP-67</b>	<b>Key Indicator:</b> Annually, the Provider employs <b>Respite/ In-Home Support</b> Staff who are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws. <b>Guidance:</b> <b>Training must be completed by the last day of the month in which it was due.</b> Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model	

FY19-20	FY20-21	<b>Residential Services</b>	Potential Recoupment
RS1-01	<b>RS-01</b>	<b>Guidance:</b> <del>Prior to providing residential habilitation, a preliminary plan must be developed to ensure health, safety, supervision and rights protection while the person is undergoing functional assessment for goal planning. At the time of admission, the preliminary plan for the person must be implemented.</del> background information as well as current behavioral, health, social and nutritional information should be gathered from record reviews, interviews, etc. in order to establish a preliminary plan. The Preliminary Plan may be uploaded to Document Storage if not using a document template in Therap.	
<b>RS1-03 R</b>	<b>RS-02 R</b>	<b>Guidance:</b> The Assessment may be uploaded to Document Storage if not using a document template in Therap.	<b>R</b>
<b>RS1-04 R</b>	<b>RS-03 R</b>	<b>Within 30 days of admission and within every 365 days thereafter, a residential plan is developed.</b> a) <del>that supports the person to live the way he/she wants to live</del> b) <del>that reflects balance between self-determination and health and safety</del> c) <del>that reflects the interventions to be applied.</del> <b>Guidance:</b> The Plan may be uploaded to Document Storage if not using a document template in Therap. Source: Residential Habilitation Standards	
<b>New</b>	<b>RS-04</b>	<b>Key Indicator:</b> The person participates in the development of his/her residential plan and identifies goals and training priorities. <b>Guidance:</b> The plan is completed by active solicitation of the person's interests, life goals and supports needed. The information is gathered from the person through direct observations/interactions and, if necessary, talking with someone who knows the person best. The person's preferences and goals must be the focus of the planning process. The Plan may be uploaded to Document Storage if not using a document template in Therap. Source: Residential Habilitation Standards	
<b>RS1-02 R</b>	<b>RS-05 R</b>	Deleted	<b>R</b>
<b>RS1-02 R</b>	<b>RS-05 R</b>	<b>Key Indicator:</b> <b>The Residential Support Plan must include the type and frequency of care to be provided.</b> <b>Guidance:</b> <u>Care:</u> Assistance with or completion of tasks that cannot be completed by the person and about which the person is not being taught, such as regulation of water temperature, fire evacuation needs, transportation, medical/dental care, etc. To determine type and frequency of health care needed, the plan must contain all relevant medical information such as history, diagnoses, medications, etc. Source: Residential Habilitation Standards	<b>R</b>
<b>RS1-02 R</b>	<b>RS-06 R</b>	<b>Key Indicator:</b> <b>The Residential Support Plan must include the type and frequency of supervision to be provided.</b> <b>Guidance:</b> <u>Supervision:</u> Oversight by another provided according to SCDDSN 510-10. Supervision must be specific and individualized as needed to allow freedom while assuring safety and welfare. Behavior exhibited that affects the level of supervision needed, should be included. Source: Residential Habilitation Standards	<b>R</b>



RS1-02 R	RS-07 R	<p><b>Key Indicator:</b> The Residential Support Plan must include the functional skills training to be provided.</p> <p><b>Guidance:</b> A minimum of 3 goals should be included in the Plan.</p> <p><b>Skills Training:</b> Assists the person with acquiring, maintaining or improving skills related to activities of daily living, social and adaptive behavior necessary to function as independently as possible. Training should focus on teaching the most useful skills/abilities for the person according to the person's priorities.</p> <p>Skills training occurs in the confines of a training program which identifies specific objectives written with an observable, measurable single behavioral outcome, condition under which skill will be performed, criterion and duration. Training programs will include a task analysis of the skill to be learned, the method to be used, schedule for use of the method and type and frequency of data collection.</p> <p>Skills training will also include behaviors targeted in a formal behavior support plan.</p> <p>Source: Residential Habilitation Standards</p>	R
RS1-02 R	RS-08 R	<p><b>Key Indicator:</b> The Residential Support Plan must include any other supports/interventions to be provided.</p> <p><b>Guidance:</b> Any other supports/interventions: All supports needed, i.e. adaptive equipment, dietary monitoring, medical interventions, safety devices, etc. The Plan may be uploaded to Document Storage if not using a document template in Therap.</p> <p>Source: Residential Habilitation Standards</p>	R
RS1-02 R	RS-09 R	<p><b>Key Indicator:</b> The Residential Support Plan must include a description of how each intervention will be documented.</p> <p><b>Guidance:</b> Source: Residential Habilitation Standards</p>	R
RS1-05 R	RS-10 R	<p><b>Key Indicator:</b> The effectiveness of Residential Habilitation is monitored, and the plan is amended when no progress is noted on a goal.</p> <p><b>Guidance:</b> If no progress has been noted for three (3) consecutive months with no reasonable justification for the lack of progress, the plan must be amended. ISP data required in Therap as of September 1, 2016.</p> <p>Source: Residential Habilitation Standards</p>	R
RS1-05 R	RS-11 R	<p><b>Key Indicator:</b> The effectiveness of Residential Habilitation is monitored, and the plan is amended when a new strategy, training, or support is identified.</p> <p><b>Guidance:</b> ISP data required in Therap as of September 1, 2016. Source: Residential Habilitation Standards</p>	R
RS1-05 R	RS-12 R	<p><b>Key Indicator:</b> The effectiveness of Residential Habilitation is monitored, and the plan is amended when the person is not satisfied with the support.</p> <p><b>Guidance:</b> ISP data required in Therap as of September 1, 2016. Source: Residential Habilitation Standards</p>	R
RS1-05 R	RS-13 R	<p><b>Key Indicator:</b> The effectiveness of Residential Habilitation is monitored, and the plan is amended when there is a change in health care or behavioral status.</p> <p><b>Guidance:</b> ISP data required in Therap as of September 1, 2016. Source: Residential Habilitation Standards</p>	R
RS1-06	RS-14	<p><b>Key Indicator:</b> A quarterly report of the status of the interventions in the plan must be completed and available within 10 days of the end of the corresponding quarter.</p> <p><b>Guidance:</b> ISP data required in Therap as of September 1, 2016. Source: Residential Habilitation Standards</p>	
RS1-07	RS-15	<p><b>Guidance:</b> All people residing in CTH I, CTH II, CRCF, CIRS, SLP I and SLP II must be informed of their rights and supported to learn about and exercise their rights. The documentation of rights training may be uploaded to Document Storage if not using a document template in Therap. Source: Residential Habilitation Standards</p>	
RS1-08	RS-16	<p><b>Key Indicator:</b> The record reflects documentation and discussion of the person's due process rights and opportunity to present issues to the Human Rights Committee. Any Restrictions in the Service Plan have been approved by the HRC with a plan for continued review and/or discontinuation. <del>Personal freedoms are not restricted without due process.</del></p> <p><b>Guidance:</b> Due process means human rights review of any restriction. The person must be offered the opportunity to attend the HRC meeting and have someone accompany them to assist in advocating for themselves if they so desire. Verified by Service Notes or documentation uploaded to Document Storage in Therap.</p> <p>Source: Residential Habilitation Standards, Directive 535-02-DD</p>	
RS1-09	RS-17	<p><b>Guidance:</b> Review documentation of the person's access to spend their money. This access and support for managing their money may be included in the Residential Support Plan or in the person's Financial Plan. The documentation may be uploaded to Document Storage if not using a document template in Therap.</p>	
RS1-10	RS-18	<p><b>Guidance:</b> All people who reside in DDSN Contracted Residential Services CTH I, CTH II, CRCF, CIRS, SLP I and SLP II require quarterly training in what constitutes abuse and how and whom to report it. The documentation may be uploaded to Document Storage if not using a document template in Therap. Source: Residential Habilitation Standards, DDSN Directive 534-02-DD</p>	
RS1-11	RS-19	Deleted	
RS1-12	RS-19	Deleted	
RS1-13	RS-19	Deleted	
RS2-01	RS-19	<p><b>Key Indicator:</b> Behavior(s) that pose a risk to the person, (i.e. self-injury, elopement, etc.), others, (i.e. physical aggression, dangerous/inappropriate sexual behaviors, etc.), or the environment, (i.e., property destruction, etc.) are addressed. <b>Guidance:</b> The Plan may be uploaded to Document Storage if not using a document template in Therap. Source: Residential Habilitation Standards and DDSN Directive 600-05-DD</p>	
RS2-02	RS-20	<p><b>Key Indicator:</b> Prior to the development of a behavior support plan, indirect assessment must be conducted, including a review of the DDSN Support Plan and, if they exist, existing behavior support plan and supervision plan. there must be a documented functional assessment that yields a summary statement that identifies function of behaviors, antecedents, setting events and replacement behaviors.</p> <p><del>Written information in the BSP and/or assessment file indicates that each component of the assessment was conducted. Does the Support Plan reflect the need for behavior support services?</del></p> <p><b>Guidance:</b> Guidance when taking over new cases: A fully executed functional assessment is available: provider must determine the merit of past assessment. If relevant, the provider can use these results but must document this decision in the summary statement. A functional assessment is available, but there is doubt as to the validity of findings. (Assessment &gt;5 years should also cast doubt on the findings as the person's motivations or behavior may have changed): The provider, through an abbreviated process of direct and indirect assessment, validates past findings. The actions should be documented in the Summary Statement.</p> <p>No functional assessment is available: Provider fully executes a Functional Assessment.</p> <p>Source: Residential Habilitation Standards</p>	
RS2-03	RS-24	Deleted	

RS2-04	<del>RS-24</del>	Deleted	
RS2-05	<del>RS-24</del>	Deleted	
RS2-06	<del>RS-24</del>	Deleted	
RS2-07	<del>RS-24</del>	Deleted	
RS2-08	<del>RS-24</del>	Deleted	
RS2-09	<del>RS-24</del>	Deleted	
RS2-10	<del>RS-24</del>	Deleted	
RS2-10	RS-21	<b>Key Indicator:</b> Behavior Support Plans must contain criteria for each problem behavior, including operational, measurable and observable way to describe behavior.	
RS2-10	RS-22	<b>Key Indicator:</b> Behavior Support Plans must contain criteria for each problem behavior, including the conditions under which the behavior occurs or should occur.	
RS2-10	RS-23	<b>Key Indicator:</b> Behavior Support Plans must contain criteria for each problem behavior, including the criteria for completion (Level and date).	
RS2-11	<del>RS-24</del>	Deleted	
RS2-12	<del>RS-24</del>	Deleted	
RS2-12	RS-24	<b>Key Indicator:</b> Behavior Support Plans must contain objectives for each replacement behavior, including measurable and observable way to describe behavior. <b>Guidance:</b> Collect behavioral data in accordance with the Residential Habilitation Standards. <b>ISP data required in Therap as of September 1, 2016.</b> Source: Residential Habilitation Standards	
RS2-12	RS-26	<b>Key Indicator:</b> Behavior Support Plans must contain objectives for each replacement behavior, including the conditions under which the behavior occurs or should occur. <b>Guidance:</b> Collect behavioral data in accordance with the Residential Habilitation Standards. <b>ISP data required in Therap as of September 1, 2016.</b> Source: Residential Habilitation Standards	
RS2-12	RS-27	<b>Key Indicator:</b> Behavior Support Plans must contain objectives for each replacement behavior, including the criteria for completion (performance and time). <b>Guidance:</b> Collect behavioral data in accordance with the Residential Habilitation Standards. <b>ISP data required in Therap as of September 1, 2016.</b> Source: Residential Habilitation Standards	
RS2-13	<del>RS-28</del>		
RS2-14	<del>RS-29</del>	Deleted	
RS2-15	RS-29	<b>Key Indicator:</b> Procedures for training DSP(s) on implementation must include: Documentation of DSP(s) Training for DSPs must accompany the plan and must include names, dates, and signatures of DSPs trained and the name of the trainer and/or authorized secondary trainer. In addition, the following components must be included: 1) written and verbal instruction; 2) modeling; 3) rehearsal; and 4) trainer feedback. <b>Guidance:</b> Procedures for training DSP(s) must be documented in either the BSP, training materials, or training documentation. Documentation of DSP training must be present to indicate training prior to or on the effective date /implementation date of any addendum/amendment to the BSP. Documentation must specify: 1) training on observation and behavioral data collection system and on treatment procedures, and 2) retraining on #1 if needed. 90% of staff must have been trained for this indicator to be scored as "met." Source: Residential Habilitation Standards	
RS2-16	<del>RS-30</del>	Deleted	
RS2-17	RS-29	<b>Key Indicator:</b> Fidelity procedures must occur quarterly by the plan author or authorized secondary trainer and must document direct observation of DSP(s) implementing procedures according to the plan. Documentation must include name(s) and date(s) of DSP(s) being observed, description of observation, and signatures of DSP(s) and Observers. 1. _____ person's name; 2. _____ name(s) of DSP(s) being observed; 3. _____ date, location and time (including duration) of observation; 4. _____ description of procedures observed; 5. _____ directions and/or description for scoring DSP performance; signature of observed DSP, and signature of the observer.	
RS2-18	<del>RS-30</del>	Deleted	
RS2-19	<del>RS-30</del>	Deleted	
RS2-20	RS-30	<b>Key Indicator:</b> Progress monitoring must occur at least monthly and <del>rely on</del> produce data-based progress summary notes. Details of future (planned) implementation must be described and include any barriers that need to be addressed (e.g., inaccurate implementation, incomplete data collection, etc.), and any changes that need to be made to the procedures based on lack of progress or deteriorating performance. <b>Guidance:</b> Progress monitoring must be completed by the end of the current month, for the previous month.	
RS2-21	RS-31		
RS2-22	<del>RS-32</del>	Deleted	
RS2-23	<del>RS-32</del>	Deleted	
RS2-24	<del>RS-32</del>	Deleted	
RS2-25	<del>RS-32</del>	Deleted	
RS2-26	<del>RS-32</del>	Deleted	
RS2-27	<del>RS-32</del>	Deleted	
RS2-28	<del>RS-32</del>	Deleted	
FY19-20	FY20-21	<b>Day Services</b>	Potential Recoupment
DS1-01	DS1-01	<b>Guidance:</b> The Plan may be uploaded to Document Storage if not using a document template in Therap.	
DS1-02	DS1-02	<b>Guidance:</b> The Plan may be uploaded to Document Storage if not using a document template in Therap.	
DS1-03R	DS1-03 R	<b>Guidance:</b> The Plan may be uploaded to Document Storage if not using a document template in Therap.	R
DS1-04R	DS1-04 R		R

DS1-05R	DS1-05 R	Guidance: The Plan may be uploaded to Document Storage if not using a document template in Therap.	R
DS1-06R	DS1-06 R	Guidance: The Plan may be uploaded to Document Storage if not using a document template in Therap.	R
DS1-07 New	DS1-07 DS1-08	Guidance: The Plan may be uploaded to Document Storage if not using a document template in Therap. Individuals participating in Employment Services – Group must be paid at or above minimum wage.	
DS1-08	DS1-09	Guidance: The Plan may be uploaded to Document Storage if not using a document template in Therap.	
DS1-09	Deleted		
DS1-10	DS1-10		
DS1-11R	DS1-11R		R
DS1-12	DS1-12		
DS1-13R	DS1-13R	Key Indicator: The plan is amended with input from the individual and/or his/her legal guardian (if applicable) when significant changes to the plan are necessary. Guidance: The Plan may be uploaded to Document Storage if not using a document template in Therap.	R
DS1-14	DS1-14	Deleted	

FY 19-20	FY 20-21	Day Services – Employment Individual	Potential Recoupment
DS2-01	DS2-01 R	Key Indicator: A comprehensive vocational service assessment that is appropriate for the authorized service is completed within 30 calendar days of admission/enrollment in the service which is to be provided at a 1:1 staffing ratio. Employment Services - Individual is provided at a 1:1 staffing ratio. Guidance: Source: Employment Services Standards	R
New	DS2-02 R	Key Indicator: Within 30 calendar days of the service start date, the Comprehensive Vocational Service Assessment will be completed that identifies the abilities/strengths, interests/preferences, paid and unpaid work experience and needs/supports of the individual. Guidance: The Assessment may be uploaded to Document Storage if not using a document template in Therap. Source: Employment Services Standards	R
DS2-02R	DS2-03 R	Key Indicator: An individual plan of employment is developed within 30 calendar days of admission/enrollment. Based on the results of the Comprehensive Vocational Service Assessment, within 30 calendar days of the service start date, an Individual Plan Supports for Employment (IPSE) is developed by the Program Director or his/her designee with participation from the individual and/or his/her legal guardian, if applicable. Guidance: The Assessment may be uploaded to Document Storage if not using a document template in Therap. Source: Employment Services Standards	R
New	DS2-04 R	Key Indicator: The IPSE must include the Employment Goal specific to the individual, based on his/her interests, preferences, strengths and experience, with the expected outcome of sustained independent employment, at or above minimum wage, in a community integrated setting among the general workforce, at a job that meets the individual's personal and career goals. Guidance: ISP data required in Therap as of September 1, 2016. Source: Employment Services Standards	R
New	DS2-05 R	Key Indicator: Documentation of activities directly related to achieving independent, competitive integrated employment must be entered into the ISP/SC Individual Employment Log to support each unit of service reported. Documentation must be individualized, not cut and pasted or noted "same as above". Guidance: ISP data required in Therap as of September 1, 2016. Source: Employment Services Standards	R
New	DS2-06 R	Key Indicator: When independent competitive integrated employment is secured for the individual, details regarding this job placement must be documented to include: start date, employer, location (address), wage, hours per week (schedule), transportation arrangements, wage reporting responsibility and, when the job ends, the date and reason. Guidance: Documentation of schedule (may vary) and wage increases, and any changes, will be documented in the Therap Employment History Module as of March 1, 2020. This information can be updated as changes occur. If the schedule varies from week to week, this can be noted as "varies". Source: Employment Services Standards	R
New	DS2-07 R	Key Indicator: The IPSE is amended with participation from the individual and/or his/her legal guardian (if applicable) when changes to the plan are necessary. Guidance: The Plan may be uploaded to Document Storage if not using a document template in Therap. Source: Employment Services Standards	R
New	DS2-08 R	Key Indicator: Employment Services Documentation must be available in Therap. Guidance: The documents may be uploaded to Document Storage if not using a document template in Therap.	R
DS2-03	DS2-09	Deleted	
DS2-04	DS2-09	Deleted	
DS2-05	DS2-09	Deleted	

FY 19-20	FY 20-21	HASCI Rehabilitation Supports (Service Delivery through 2/29/20 Only)	
HRS-01	HRS-01		
HRS-02	HRS-02		
HRS-03	HRS-03		
HRS-04	HRS-04		
HRS-05	HRS-05		
HRS-06	HRS-06		
HRS-07	HRS-07		
A1-11	HRS-08	Key Indicator: The Provider agency of HASCI Division Rehabilitation Supports (RS) maintains required administrative records for each participant in the RS Program.	